

Feb. 8. 2018 4:48PM

No. 8259 P. 2

**CITATION
CAUSE#703-335**

CLERK OF THE COURT
Sarah Loucks, District Clerk
P.O. Box 770
804 Pecan Street
Annex Building, First Floor
Bastrop, TX 78602

THE STATE OF TEXAS

NOTICE TO DEFENDANT: "You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you."

To: BASTROP COUNTY JAIL
BASTROP, TX. 78602, Defendant

GREETINGS: You are commanded to appear by filing a written answer to the Petition of Petitioner at or before 10:00 o'clock a.m. of the Monday next after the expiration of 20 days after the date of service hereof, before the 335th District Court of Texas, at the courthouse in BASTROP, Texas.

A copy of the Petition of the Petitioner accompanies this citation, in cause number 703-335 styled:

PRISON SLAVES OF BASTROP COUNTY JAIL
V.
BASTROP COUNTY
BASTROP COUNTY JAIL

filed in said court on the on this the 5th day of February, 2018

Petitioner is represented by:

PERSON SLAVES OF BASTROP COUNTY JAIL
GORDON KIRK KEMPPAINEN
GENERAL DELIVERY
CEDAR CREEK, TX. 78602

ISSUED AND GIVEN UNDER MY HAND AND SEAL of said Court at office in Bastrop, Texas,
this the 6th day of February, 2018

Sarah Loucks
District Clerk, Bastrop County
P.O. Box 770
Bastrop, Texas 78602

By:  Deputy

() IF CHECKED, ATTACHED TO THIS CITATION IS DISCOVERY NOT FILED WITH CLERK PURSUANT TO
TRCP 191.4

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Cause: 703-335

Executed when copy is delivered:

This is a true copy of the original citation, was delivered to defendant _____, on the _____ day of _____, 20____.

_____, Officer
_____, County, Texas
By: _____, Deputy

ADDRESS FOR SERVICE:

Defendant: BASTROP COUNTY JAIL
BASTROP, TX. 78602

OFFICER'S RETURN

Came to hand on the _____ day of _____, 20____, at _____, o'clock ____m., and executed in _____ County, Texas by delivering to each of the within named defendants in person, a true copy of this Citation with the date of delivery endorsed thereon, together with the accompanying copy of the plaintiff's petition, at the following times and places, to-wit:

Name	Date/Time	Place, Course and Distance from Courthouse
_____	_____	_____

And not executed as to the defendant(s), _____

The diligence used in finding said defendant(s) being:

and the cause or failure to execute this process is:

and the information received as to the whereabouts of said defendant(s) being:

FEES:

Serving Petition and Copy	\$ _____
Total	\$ _____

_____, Officer
_____, County, Texas
By: _____, Deputy

Affiant

*Rule 107 Verification: Subscribed and sworn to by the above named _____ before me this the _____ day of _____, 20____, to certify which witness my hand and seal of office.

DELIVERED THIS 8 DAY
OF Feb 2018
@ 4:15 am/pm
BY: [Signature]
DEPUTY SHERIFF

Person Administering Oath

MAURICE O. COOK, SHERIFF
BASTROP COUNTY, TEXAS

EXHIBIT "C"

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NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA

Cause Number:

703-335
(The Clerk's office will fill in the Cause Number when you file this form)



Plaintiff: Gordon Kampalner
(Print first and last name of the person filing the lawsuit.)

In the (check one):
335 District Court
Court County Court / County Court at Law
Number Justice Court

Defendant: Bastrop County Texas
(Print first and last name of the person being sued.)

Bastrop Texas
County

Statement of Inability to Afford Payment of Court Costs or an Appeal Bond

1. Your Information

My full legal name is: Gordon Kick Kampalner My date of birth is: 03/08/1963
First Middle Last Month/Day/Year

My address is: (Home) _____
(Mailing) _____

My phone number: _____ My email: _____

About my dependents: "The people who depend on me financially are listed below."

Name	Age	Relationship to Me
1 <u>None</u>		
2 _____		
3 _____		
4 _____		
5 _____		
6 _____		

2. Are you represented by Legal Aid?

☐ I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as 'Exhibit: Legal Aid Certificate.'

-or-

☐ I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case. I have attached documentation from legal aid stating this.

or-

☒ I am not represented by legal aid. I did not apply for representation by legal aid.

3. Do you receive public benefits?

☐ I do not receive needs-based public benefits. - or -

☒ I receive these public benefits/government entitlements that are based on indigency:
(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check.)

- ☐ Food stamps/SNAP ☐ TANF ☐ Medicaid ☐ CHIP ☐ SSI ☐ WIC ☐ AABD
☐ Public Housing or Section 8 Housing ☐ Low-Income Energy Assistance ☐ Emergency Assistance
☐ Telephone Lifeline ☐ Community Care via DAPS ☐ LIS in Medicare ("Extra Help")
☒ Needs-based VA Pension ☐ Child Care Assistance under Child Care and Development Block Grant
☐ County Assistance, County Health Care, or General Assistance (GA)
☒ Other: VA Healthcare/VA Disability [SEE: A's Ex. 1 "A" + "B" attached hereto.]

Filed 1/15/2018

Form Approved by the Supreme Court of Texas by order in Misc. Docket No. 15-9122
Statement of Inability to Afford Payment of Court Costs

FEB 05 2018

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Brian Loucks
District Clerk, Bastrop County

EXHIBIT "C"

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4. What is your monthly income and income sources?

I get this monthly income:

\$ - 0 - in monthly wages. I work as a _____ for _____
Your job title Your employer

\$ - 0 - in monthly unemployment. I have been unemployed since (date) _____

\$ 192.88 in public benefits per month.

\$ - 0 - from other people in my household each month: (List only if other members contribute to your household income.)

\$ 136.88 from ☐ Retirement/Pension ☐ Tips, bonuses ☒ Disability ☐ Worker's Comp
☐ Social Security ☐ Military Housing ☐ Dividends, interest, royalties
☐ Child/spousal support
☐ My spouse's income or income from another member of my household (if available)

\$ - 0 - from other jobs/sources of income. (Describe) _____

\$ 328.88 is my total monthly income.

5. What is the value of your property?

My property includes:

Cash \$ - 0 -

Bank accounts, other financial assets \$ - 0 -

\$ - 0 -

\$ - 0 -

\$ - 0 -

Vehicles (cars, boats) (make and year) \$ - 0 -

\$ - 0 -

\$ - 0 -

\$ - 0 -

Other property (like jewelry, stocks, land, another house, etc.) \$ - 0 -

\$ - 0 -

\$ - 0 -

\$ - 0 -

\$ - 0 -

Total value of property → \$ - 0 -

6. What are your monthly expenses?

My monthly expenses are:

Rent/house payments/maintenance \$ - 0 -

Food and household supplies \$ 192.88

Utilities and telephone \$ 70.88

Clothing and laundry \$ - 0 -

Medical and dental expenses \$ - 0 -

Insurance (life, health, auto, etc.) \$ - 0 -

School and child care \$ - 0 -

Transportation, auto repair, gas \$ 161.24

Child / spousal support \$ - 0 -

Wages withheld by court order \$ - 0 -

\$ - 0 -

Debt payments paid to: (List) \$ - 0 -

\$ - 0 -

\$ - 0 -

Total Monthly Expenses → \$ 328.88

*The value is the amount the item would sell for less the amount you still owe on it, if anything.

7. Are there debts or other facts explaining your financial situation?

My debts include: (List debt and amount owed) I owe IBC of Bastrop over \$900.00 due to identity theft/fraud; and F&B of Bastrop over \$2,500.00 due to e-scram/fraud.

(If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled "Exhibit: Additional Supporting Facts.") Check here if you attach another page. ☐

8. Declaration

I declare under penalty of perjury that the foregoing is true and correct. I further swear:

☒ I cannot afford to pay court costs.☐ I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision.My name is Amador Rick Kempainen, My date of birth is: 03/08/1963My address is 331 Thousand Oaks Drive, Cedar Creek, Texas 78612 USA
Street City State Zip Code CountrySignature Amador Rick Kempainen signed on 02/05/2018 in Bastrop County, Texas
Month/Day/Year county name State

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Form TF0001

July 2018

TEXAS HEALTH AND HUMAN SERVICES COMMISSION
P O BOX 148028
AUSTIN, TEXAS 78714-8029



TEXAS
Health and Human
Services Commission

Date: 01/04/2018

Case Number: 1024222290

Need help?

Call 2-1-1 or 1-877-641-7905

If you have a hearing or speech disability
call 7-1-1 or any relay service.

All numbers are free to call.

525600510002150105

GORDON KIRK KEMPPAINEN I
GENERAL DELIVERY
CEDAR CREEK TX 78612-9999

Notice about your case:**SNAP Food Benefits**

EDG number: 623800263

Who gets SNAP Food Benefits		
Name	Date	Monthly Amount
Gordon Kirk Kemppainen I	02/01/2018 - 06/30/2018	\$ 192.00
Gordon Kirk Kemppainen I	01/03/2018 - 01/31/2018	\$ 179.00

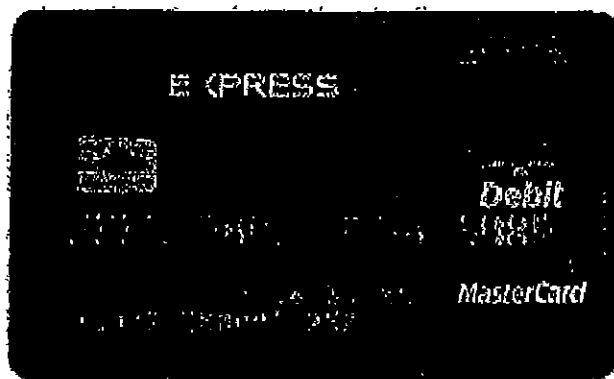
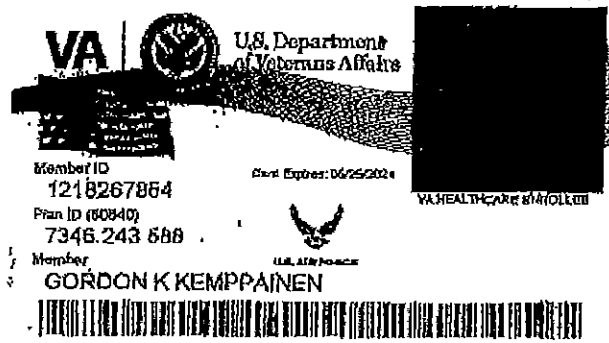
Facts we have about your case:

Money coming into your home (Income)				
Month	Person who gets the money	Type of money	Where the money comes from	Monthly amount before taxes (gross)
January 2018 - February 2018	Gordon Kirk Kemppainen I	Unearned Income	VA Pension	\$ 138.17

Plaintiff's Exhibit "A"

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Plaintiff's Exhibit "B"

EXHIBIT "C"

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Location : All Courts [Images](#) [Help](#)**REGISTER OF ACTIONS**CASE NO. 703-335PRISON SLAVES OF BASTROP COUNTY JAIL V. BASTROP COUNTY
BASTROP COUNTY JAIL§
§
§
§
§Case Type: Civil Case - Other
Date Filed: 02/05/2018
Location: 335th District Court**PARTY INFORMATION**

Defendant	BASTROP COUNTY	Lead Attorneys
Defendant	BASTROP COUNTY JAIL	
Plaintiff	PERSON SLAVES OF BASTROP COUNTY JAIL	Pro Se

EVENTS & ORDERS OF THE COURT

OTHER EVENTS AND HEARINGS		
02/05/2018	Original Petition (OCA)	
02/05/2018	Case Information Sheet	
02/05/2018	Indigency Oath Filed (OCA)	
02/05/2018	Request	
02/05/2018	Motion	
02/06/2018	Citation	
02/06/2018	Citation	
	BASTROP COUNTY JAIL	Served 02/09/2018

FINANCIAL INFORMATION

	Plaintiff PERSON SLAVES OF BASTROP COUNTY JAIL	
	Total Financial Assessment	292.00
	Total Payments and Credits	0.00
	Balance Due as of 02/22/2018	292.00
02/05/2018	Transaction Assessment	292.00

EXHIBIT "C"